



2004

**Behavioral Risk Factor Surveillance System
South Carolina State Questionnaire**

January 2004

Revised Nov 4, 2004. 17 additional flu vaccine questions were added.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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INTROQ

HELLO, I'm calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of South Carolina residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

PRIVRES

Is this a private residence?

1. Yes, continue.
2. No, non-residential – **SKIP TO NONRES**

NONRES – ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)

Thank you very much, but we are only interviewing private homes.

*****<F3>*****

WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)

Thank you very much, but it I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

****<F3>****

ADULTS

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_ _ ENTER THE NUMBER OF ADULTS

IF ANS = 1 SKIP TO ONEADULT

MEN

How many of these adults are men?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

IF ANS = ADULTS SKIP TO SELECTED

WOMEN

How many of these adults are women?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

WRONGTOT – ONLY GET IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men -

Number of Women -

Number of Adults -

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

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SELECTED - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD

The person in your household I need to speak with is the .

Are you the ?

1. YES – SKIP TO YOURTHE1
2. NO – SKIP TO GETNEWAD

ONEADULT – ONLY GET THIS IF ONE ADULT IN HOUSEHOLD

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE – SKIP TO YOURTHE1
3. NO – SKIP TO ASKGENDR

ASKGENDER – ONLY GET IF ONEADULT = 3

Is the Adult a man or a woman?

1. Male
2. Female

GETADULT - ONLY GET IF ONEADULT = 3

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

*****DO NOT USE <F3> ON THIS SCREEN*****

YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE – **SKIP TO FIRSTSCR**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

GETNEWAD - ONLY GET IF SELECTED = 2 (NO)

May I speak with the ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

*****DO NOT USE F3 ON THIS SCREEN*****

GETNEWAD - ONLY GET IF SELECTED = 2 (NO)

HELLO, I'm calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. My name is _____. We're gathering information on the health of South Carolina residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE – **SKIP TO INTROSCR**
2. GO BACK TO ADULTS QUESTIONS. WARNING: A NEW RESPONDENT MAY BE SELECTED

INTROSCR – ONLY GET IF NEWADULT = 1 or YOURTHE1 = 1

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. Any information that you give to me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

Core 1: Health Status

C01Q01

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 2: Health Days – Health-related Quality of Life

C02Q01

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C02Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C02Q03 – ONLY GET IF C02Q01<>88 OR C02Q02<>88

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 3: Health Care Access

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

(If "No," ask: "Is there more than one or is there no person who you think of?")

1. Yes, only one
2. More than one
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 4: Exercise

C04Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

Core 5: Environmental Factors

C05Q01

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

If necessary: If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is "Yes".

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C05Q02

Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

If necessary: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 6: Excess Sun Exposure

C06Q01

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

1. Yes
2. No - **SKIP TO C07Q01**
7. DON'T KNOW / NOT SURE - **SKIP TO C07Q01**
9. REFUSED - **SKIP TO C07Q01**

C06Q02 – ONLY GET IF C06Q01=1

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. One
2. Two
3. Three
4. Four
2. Five
3. Six or more

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 7: Tobacco Use

C07Q01

Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

1. Yes
2. No – **SKIP TO C08Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C08Q01**
9. REFUSED – **SKIP TO C08Q01**

C07Q02 – ONLY GET IF C07Q01=1

Do you now smoke cigarettes every day, some days, or not at all?

1. Everyday
2. Some days
3. Not at all – **SKIP TO C08Q01**

9. REFUSED – **SKIP TO C08Q01**

C07Q03 – ONLY GET IF C07Q01=1 AND C07Q02<3

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1. Yes
- 2. No

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Core 8: Alcohol Consumption

C08Q01

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1__ __ Days per week
- 2__ __ Days in past 30

- 888. No drinks in past 30 days – **SKIP TO C09Q01**
- 777. Don't know / Not sure
- 999. Refused – **SKIP TO C09Q01**

C08Q02 - ONLY GET IF C08Q01<>888 AND C08Q01<>999

On the days when you drank, about how many drinks did you drink on the average?

__ __ Number of drinks

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

C08Q03 – ONLY GET IF C08Q01<>888 AND C08Q01<>999

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

__ __ Number of times

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Core 9: Asthma

C09Q01

Have you ever been told by a doctor, nurse or other health professional that you had asthma?

1. Yes
2. No – **SKIP TO C10Q01**
7. DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
9. REFUSED – **SKIP TO C10Q01**

C09Q02 – ONLY GET IF C09Q01=1

Do you still have asthma?

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

Core 10: Diabetes

C10Q01

Have you ever been told by a doctor that you have diabetes?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" - If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

1. Yes
2. Yes, but female told only during pregnancy – **SKIP TO C11Q01**
3. No – **SKIP TO C11Q01**
4. No, pre-diabetes or borderline diabetes– **SKIP TO C11Q01**
7. DON'T KNOW / NOT SURE – **SKIP TO C11Q01**
9. REFUSED – **SKIP TO C11Q01**

Module 1: Diabetes

M01Q01 – ONLY GET IF C10Q01=1

How old were you when you were told you have diabetes?

__ __ Code age in years [97 = 97 and older]

- 98. DON'T KNOW/ NOT SURE
- 99. REFUSED

M01Q02 – ONLY GET IF C10Q01=1

Are you now taking insulin?

- 1. Yes
- 2. No
- 9. REFUSED

M01Q03 – ONLY GET IF C10Q01=1

Are you now taking diabetes pills?

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M01Q04 – ONLY GET IF C10Q01=1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 __ __ Times per day
- 2 __ __ Times per week
- 3 __ __ Times per month
- 4 __ __ Times per year
- 888. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

M01Q05 – ONLY GET IF C10Q01=1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year

- 888. NEVER
- 555. NO FEET
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

M01Q06 – ONLY GET IF C10Q01=1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1. Yes
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M01Q07 – ONLY GET IF C10Q01=1

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

___ Number of times [**76 = 76 or more**]

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

M01Q08 – ONLY GET IF C10Q01=1

A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

___ ___ Number of times [76 = 76 or more]

- 88. NONE
- 98. NEVER HEARD OF "A ONE C" TEST
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

M01Q09 – ONLY GET IF C10Q01=1 AND M01Q05<>555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

___ ___ Number of times [76 = 76 or more]

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

M01Q10 – ONLY GET IF C10Q01=1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- 1. Within the past month (anytime less than 1 month ago)
- 2. Within the past year (1 month but less than 12 months ago)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago

- 8. NEVER
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

M01Q11 – ONLY GET IF C10Q01=1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M01Q12 – ONLY GET IF C10Q01=1

Have you ever taken a course or class in how to manage your diabetes yourself?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 11: Oral Health

C11Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

NOTE: Include visits to dental specialists, such as orthodontists

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
8. NEVER
7. DON'T KNOW / NOT SURE
9. REFUSED

C11Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: Include teeth lost due to infection.

1. 1 to 5
2. 6 or more but not all
3. All

8. NONE
7. DON'T KNOW / NOT SURE
9. REFUSED

C11Q03 – ONLY GET IF C11Q01<>8 AND C11Q02<>3

How long has it been since you had your teeth “cleaned” by a dentist or dental hygienist?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

8. NEVER
7. DON'T KNOW / NOT SURE
9. REFUSED

Core 12: Immunization

C12Q01

During the past 12 months, have you had a flu shot?

IF NECESSARY: *We want to know if you had a flu shot injected in your arm.*

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

C12Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

- 1 Yes
- 2 No – **IF C12Q01 =1 GO TO C12Q04, ELSE SKIP TO C12Q06**
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q04 – ONLY GET IF C12Q01 = 1 OR C12Q02 = 1

During what month and year did you receive your most recent flu vaccination?

If “Yes” to both C12Q01 and C12Q02, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

--/---- Month / Year

77/7777 DON'T KNOW/NOT SURE (Probe: “Was it before or after September 2004?”
Code approximate month and year)

99/9999 REFUSED

If C12Q04 is DK or RF SKIP TO C12Q05

C12Q05

Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? **CATI fill in appropriate response from C12Q01 and C12Q02.**

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace or
- 09 Some other kind of place
- 77 DON'T KNOW / NOT SURE (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 REFUSED

If C12Q04 is before 9/2004 SKIP TO C12Q06, if C12Q04 is DK or RF, SKIP TO C12Q06, otherwise SKIP TO C12Q07

C12Q06—ONLY GET IF C12Q04 < 9/2004 OR C12Q04 = 77/7777 OR 99/9999

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What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

Do not read answer choices below. Select category that best matches response.

- 01 NEED: DO NOT NEED IT
- 02 NEED: DOCTOR DID NOT RECOMMEND IT
- 03 NEED: DID NOT KNOW THAT I SHOULD BE VACCINATED
- 04 NEED: FLU IS NOT THAT SERIOUS
- 05 NEED: HAD THE FLU ALREADY THIS FLU SEASON
- 06 CONCERN ABOUT VACCINE: SIDE EFFECTS/CAN CAUSE FLU
- 07 CONCERN ABOUT VACCINE: DOES NOT WORK
- 08 ACCESS: PLAN TO GET VACCINATED LATER THIS FLU SEASON
- 09 ACCESS: FLU VACCINATION COSTS TOO MUCH
- 10 ACCESS: INCONVENIENT TO GET VACCINATED
- 11 VACCINE SHORTAGE: SAVING VACCINE FOR PEOPLE WHO NEED IT MORE
- 12 VACCINE SHORTAGE: TRIED TO FIND VACCINE, BUT COULD NOT GET IT
- 13 VACCINE SHORTAGE: NOT ELIGIBLE TO RECEIVE VACCINE
- 14 SOME OTHER REASON

- 77 DON'T KNOW/NOT SURE (Probe: "What was the main reason?")
- 99 REFUSED

C12Q07— ONLY GET IF C12Q04 >= 04/2004

Did you get a flu vaccination during the 'last flu season,' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE (Do not probe)
- 9 REFUSED

C12Q03

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C12Q08

Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

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Asthma
Lung problems, other than asthma
Heart problems
Diabetes
Kidney problems
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
-or-
Sickle cell anemia or other anemia

- 1 Yes – **SKIP TO C12Q09**
- 2 No – **SKIP TO C12Q10**
- 7 DON'T KNOW / NOT SURE (Probe by repeating question) – **SKIP TO C12Q10**
- 9 REFUSED – **SKIP TO C12Q10**

C12Q09

Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE (Do not probe)
- 9 REFUSED

C12Q10

Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes – **SKIP TO C12Q11**
- 2 No – **SKIP TO C13Q01**
- 7 DON'T KNOW / NOT SURE (Do not probe) – **SKIP TO C13Q01**
- 9 REFUSED – **SKIP TO C13Q01**

C12Q11

Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE (Probe by repeating question)
- 9 REFUSED

Core 13: Demographics

C13Q01

What is your age?

__ __ Code age in years

- 07. DON'T KNOW / NOT SURE
- 09. REFUSED

C13Q02

Are you Hispanic or Latino?

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C13Q03

Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?

(Check all that apply)

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian , Alaska Native or
- 6. Other [specify]_____
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C13Q04 – ONLY GET IF MORE THAN ONE RESPONSE FOR C13Q03

Which one of these groups would you say best represents your race?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native or
- 6. Other [specify]_____

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C13Q05

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

Please read:

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never married
- 6. A member of an unmarried couple
- 9. REFUSED

C13Q06

How many children less than 18 years of age live in your household?

___ ___ Number of children

- 88. NONE
- 99. REFUSED

C13Q07

What is the highest grade or year of school you completed?

Read only if necessary:

- 1. Never attended school or only attended kindergarten
- 2. Grades 1 through 8 (Elementary)
- 3. Grades 9 through 11 (Some high school)
- 4. Grade 12 or GED (High school graduate)
- 5. College 1 year to 3 years (Some college or technical school)
- 6. College 4 years or more (College graduate)
- 9. REFUSED

C13Q08

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
8. Unable to work
9. REFUSED

C13Q09

Is your annual household income from all sources?

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more
77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q10

About how much do you weigh without shoes?

Round fractions up

___ ___ ___ Weight (*pounds*)
9 ___ ___ ___ Weight (kilograms)

7777. DON'T KNOW / NOT SURE
9999. REFUSED

C13Q11

About how tall are you without shoes?

Round fractions down

___ ___ ___ Height ft/inches (Ex. 5 feet 9 inches = 509)
9 ___ ___ ___ Height meters/centimeters

7777. DON'T KNOW / NOT SURE
9999. REFUSED

C13Q12

What county do you live in?

___ ___ ___ FIPS county code

777. DON'T KNOW / NOT SURE
999. REFUSED

C13Q13

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. Yes
2. No – **SKIP TO C13Q15**
7. DON'T KNOW / NOT SURE – **SKIP TO C13Q15**
9. REFUSED – **SKIP TO C13Q15**

C13Q14 – ONLY GET IF C13Q13=1

How many of these phone numbers are residential numbers?

___ Residential telephone numbers [**6=6 or more**]

7. DON'T KNOW / NOT SURE
2. REFUSED

C13Q15

During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters.

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

C13Q16

Indicate sex of respondent. Ask only if necessary.

1. Male - **SKIP TO C13Q18 INTRO**
2. Female

C13Q17 – ONLY GET IF C13Q16=2 AND C13Q01<45

To your knowledge, are you now pregnant?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

C13Q18 INTRO – ONLY GET IF C13Q06< 88**If Core C13Q06 = 1**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

If Core C13Q06 is >1 and < 88

Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

I have some additional questions about one specific child. The child I will be referring to is the **[Fill: random number from CATI]** child. All the questions about children will be about that child.

Note: If there are two children with the same birth date, randomly select one.

C13Q18

Is the child a boy or a girl?

1. Boy
2. Girl
9. REFUSED

C13Q19

In what month and year was [FILL: he/she] born?

-- / ---- Month / Year

- 7 7 / 7 7 7 7 DON'T KNOW/NOT SURE (Probe by repeating the question)
9 9 / 9 9 9 9 REFUSED

C13Q20

Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

- 1 Yes – **SKIP TO C13Q21**
- 2 No – **SKIP TO C13Q22**
- 7 DON'T KNOW/NOT SURE (Probe by repeating the question) – **SKIP TO C13Q22**
- 9 REFUSED – **SKIP TO C13Q22**

C13Q21 – ONLY GET IF C13Q20 = 1

Does [Fill: he/she] still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE (Do not probe)
- 9 REFUSED

C13Q22

If child is less than 6 months old, go to C14Q01, otherwise ask: During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE (Do not probe)
- 9 REFUSED

C13Q23

During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™.

- 1 Yes – **SKIP TO C13Q24**
- 2 No – **IF C13Q22 = 1 SKIP TO C13Q24, ELSE SKIP TO C13Q25**
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C13Q24 – ONLY GET IF C13Q22 = 1 OR C13Q23 = 1

During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If “Yes” to both C13Q22 and Q13.23, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

__/____ Month / Year – **IF C13Q24 < 09/2004 SKIP TO C13Q25, ELSE SKIP TO C13Q26**

77/7777 DON'T KNOW/NOT SURE (Probe: “Was it before or after September 2004?”
Code approximately month and year)

99/9999 REFUSED

If C13Q24 is DK or RF, SKIP TO C13Q25

C13Q25 ONLY GET IF C13Q24 < 09/2004 OR C13Q24 = 77/7777 OR 99/9999

What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

Do not read answer choices below. Select category that best matches response.

- 01 NEED: CHILD DOES NOT NEED IT
- 02 NEED: DOCTOR DID NOT RECOMMEND IT
- 03 NEED: DID NOT KNOW THAT CHILD SHOULD BE VACCINATED
- 04 NEED: FLU IS NOT THAT SERIOUS
- 05 NEED: CHILD HAD THE FLU ALREADY THIS FLU SEASON
- 06 CONCERN ABOUT VACCINE: SIDE EFFECTS/CAN CAUSE FLU
- 07 CONCERN ABOUT VACCINE: DOES NOT WORK
- 08 ACCESS: PLAN TO GET CHILD VACCINATED LATER THIS FLU SEASON
- 09 ACCESS: FLU VACCINATION COSTS TOO MUCH
- 10 ACCESS: INCONVENIENT TO GET VACCINATED
- 11 VACCINE SHORTAGE: SAVING VACCINE FOR PEOPLE WHO NEED IT MORE
- 12 VACCINE SHORTAGE: TRIED TO FIND VACCINE, BUT COULD NOT GET IT
- 13 VACCINE SHORTAGE: NOT ELIGIBLE TO RECEIVE VACCINE
- 14 SOME OTHER REASON

- 77 DON'T KNOW/NOT SURE (Probe: What was the main reason?)
- 99 REFUSED

C13Q26— ONLY GET IF C13Q19 < 06/2003 OR (C13Q24 <09/2004 OR = 77/7777 OR 99/9999)

Did [Fill: he/she] get the flu vaccine during the 'last flu season,' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No

- 7 DON'T KNOW/NOT SURE (Do not probe)
- 9 REFUSED

Core 14: Veteran's Status

C14Q01

The next question relates to military service.

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(186)

- 1. Yes
- 2. No – **SKIP TO C15Q01**

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- 7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
- 9. REFUSED – **SKIP TO C15Q01**

C14Q02 – ONLY GET IF C14Q01=1

Which of the following best describes your service in the United States military?

Please read:

1. Currently on active duty – **SKIP TO C15Q01**
2. Currently in a National Guard or Reserve unit – **SKIP TO C15Q01**
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
9. REFUSED – **SKIP TO C15Q01**

C14Q03 – ONLY GET IF C14Q02>2 AND C14Q02<7

In the last 12 months have you received some or all of your health care from VA facilities?

If “yes” probe for “all” or “some” of the health care.

1. Yes, all of my health care
2. Yes, some of my health care
3. No, no VA health care received

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 15: Women's Health

C15Q01 – ONLY GET IF C13Q16=2

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No – **SKIP TO C15Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q03**
9. REFUSED – **SKIP TO C15Q03**

C15Q02 – ONLY GET IF C15Q01=1

How long has it been since you had your last mammogram?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

C15Q03 – ONLY GET IF C13Q16=2

A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breasts exam?

1. Yes
2. No – **SKIP TO C15Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q05**
9. REFUSED – **SKIP TO C15Q05**

C15Q04 – ONLY GET IF C15Q03=1

How long has it been since your last breast exam?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

C15Q05 – ONLY GET IF C13Q16=2

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. Yes
2. No – **SKIP TO C15Q07**
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q07**
9. REFUSED – **SKIP TO C15Q07**

C15Q06 – ONLY GET IF C15Q05=1

How long has it been since you had your last Pap test?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/ NOT SURE
9. REFUSED

C15Q07 – ONLY GET IF C13Q16=2 AND C13Q17<>1

Have you had a hysterectomy?

If necessary: A hysterectomy is an operation to remove the uterus (womb).

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 16: Prostate Cancer Screening

C16Q01 – ONLY GET IF C13Q16=1 AND C13Q01>39

A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. Yes
2. No – **SKIP TO C16Q03**
7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q03**
9. REFUSED – **SKIP TO C16Q03**

C16Q02 – ONLY GET IF C16Q01=1

How long has it been since you had your last PSA test?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/ NOT SURE
9. REFUSED

C16Q03 – ONLY GET IF C13Q16=1 AND C13Q01>39

A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. Yes
2. No – **SKIP TO C16Q05**
7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q05**
9. REFUSED – **SKIP TO C16Q05**

C16Q04 – ONLY GET IF C16Q03=1

How long has it been since your last digital rectal exam?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

C16Q05 – ONLY GET IF C13Q16=1 AND C13Q01>39

Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 17: Colorectal Cancer Screening

C17Q01 – ONLY GET IF C13Q01>49

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No – **SKIP TO C17Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO C17Q03**
9. REFUSED – **SKIP TO C17Q03**

C17Q02 – ONLY GET IF C17Q01=1

How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

C17Q03 – ONLY GET IF C13Q01>49

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. Yes
2. No – **SKIP TO C18Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C18Q01**
9. REFUSED – **SKIP TO C18Q01**

C17Q04 – ONLY GET IF C17Q03=1

How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 18: Family Planning

C18Q01 – ONLY GET IF (C13Q01<45 AND C13Q16=2 AND C13Q17<>1 AND C15Q07<>1) OR (C14Q01<60 AND C13Q16=1)

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert you], if male, insert her]** from getting pregnant?

NOTE: If more than one partner, consider usual partner.

1. Yes
2. No – **SKIP TO C18Q03**
3. No partner/not sexually active – **SKIP TO C19Q01**
4. Same sex partner – **SKIP TO C19Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

C18Q02 – ONLY GET IF C18Q01=1

What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert you, if male, insert her]** from getting pregnant?

Read only if necessary

01. Tubes tied – **SKIP TO C19Q01**
02. Hysterectomy (female sterilization) – **SKIP TO C19Q01**
03. Vasectomy (male sterilization) – **SKIP TO C19Q01**
04. Pill, all kinds (Seasonale, etc.) – **SKIP TO C18Q04**
05. Condoms (male or female) – **SKIP TO C18Q04**
06. Contraceptive implants (Jadelle or Implants) – **SKIP TO C18Q04**
07. Shots (Depo-Provera– **SKIP TO C18Q04**
08. Shots (Lunelle) – **SKIP TO C18Q04**
09. Contraceptive Patch – **SKIP TO C18Q04**
10. Diaphragm, cervical ring, or cap (Nuvaring or others) – **SKIP TO C18Q04**
11. IUD (including Mirena) – **SKIP TO C18Q04**
12. Emergency contraception (EC) – **SKIP TO C18Q04**
13. Withdrawal – **SKIP TO C18Q04**
14. Not having sex at certain times (rhythm) – **SKIP TO C18Q04**
15. Other method (foam, jelly, cream, etc.) – **SKIP TO C18Q04**
77. DON'T KNOW/ NOT SURE – **SKIP TO C18Q04**
99. REFUSED – **SKIP TO C18Q04**

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C18Q03 – ONLY GET IF C18Q01=2

What is the main reason for not doing anything to keep **[if female, insert “you,” if male, insert “your wife/partner”]** from getting pregnant?

Read only if necessary

01. Didn't think was going to have sex/no regular partner
02. You want a pregnancy
03. You or your partner don't want to use birth control
04. You or your partner don't like birth control/fear side effects
05. You can't pay for birth control
06. Lapse in use of a method
07. Don't think you or your partner can get pregnant
08. You or your partner had tubes tied (sterilization) – **SKIP TO C19Q01**
09. You or your partner had a vasectomy (sterilization) – **SKIP TO C19Q01**
10. You or your partner had a hysterectomy – **SKIP TO C19Q01**
11. You or your partner are too old
12. You or your partner are currently breast-feeding
13. You or your partner just had a baby/postpartum
14. Other reason
15. Don't care if get pregnant
16. Partner is pregnant now – **SKIP TO C19Q01**

77. DON'T KNOW/ NOT SURE
99. REFUSED

C18Q04 – ONLY GET IF C18Q02>3 OR (C18Q03<>8,9,10, OR 16)
--

How do you feel about having a child now or sometime in the future? Would you say:

1. You don't want to have one – **SKIP TO C19Q01**
2. You do want to have one – **SKIP TO C18Q05**
3. You're not sure if you do or don't – **SKIP TO C19Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

C18Q05 – ONLY GET IF C18Q04=2

How soon would you want to have a child? Would you say...

1. Less than 12 months from now
2. Between 12 months to less than two years from now
3. Between two years to less than 5 years from now, or
4. 5 or more years from now

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 19: Disability

C19Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C19Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances.

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 20: HIV/AIDS

C20Q01 – ONLY GET IF C13Q01<65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1. True
2. False
7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q02 – ONLY GET IF C13Q01<65

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. True
2. False
7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q03 – ONLY GET IF C13Q01<65

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

(Include saliva tests)

1. Yes
2. No – **SKIP TO C20Q10**
7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q10**
9. REFUSED – **SKIP TO C20Q10**

C20Q04 – ONLY GET C20Q03=1

In the past 12 months, how many times have you been tested for HIV, including times you did not get your results?

__ __ Times

- 88. None
- 77. Don't know / Not sure
- 99. Refused

C20Q05 – ONLY GET C20Q03=1

Not including blood donations, in what month and year was your last HIV test?

(Include saliva tests)

NOTE: If response is before January 1985, code "Don't know".

__ __ / __ __ __ __ Code month and year

- 77 7777. DON'T KNOW / NOT SURE
- 99 9999. REFUSED

C20Q06 – ONLY GET C20Q03=1

I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

Please read:

__ __ Reason code

- 01. It was required
- 02. Someone suggested you should be tested
- 03. You thought you may have gotten HIV through sex or drug use
- 04. You just wanted to find out whether you had HIV
- 05. You were worried that you could give HIV to someone
- 06. **IF FEMALE:** You were pregnant
- 07. It was done as a part of a routine medical check-up
- 08. Or you were tested for some other reason

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

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C20Q07 – ONLY GET C20Q03=1

Where did you have your last HIV test at, a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

__ __ Facility code

01. Private doctor or HMO – **SKIP TO C20Q09**
02. Counseling and testing site – **SKIP TO C20Q09**
03. Hospital – **SKIP TO C20Q09**
04. Clinic
05. Jail or prison – **SKIP TO C20Q09**
06. Drug treatment facility – **SKIP TO C20Q09**
07. Home – **SKIP TO C20Q09**
08. Somewhere else – **SKIP TO C20Q09**

77. DON'T KNOW / NOT SURE – **SKIP TO C20Q09**
99. REFUSED – **SKIP TO C20Q09**

C20Q08 – ONLY GET C20Q08=04

What type of clinic did you go to for your last HIV test?

Read if necessary

1. Family planning clinic
2. STD clinic
3. Prenatal clinic
4. Public health clinic
5. Community health clinic
6. Hospital clinic
8. Other

7. DON'T KNOW / NOT SURE
9. REFUSED

C20Q09 – ONLY GET C20Q03=1

Was this test done by a nurse or other health worker, or with a home testing kit?

1. Nurse or health worker
2. A home testing kit

7. Don't know / Not sure
9. Refused

C20Q10 – ONLY GET C13Q01<65

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used intravenous drugs in the past year
You have been treated for a sexually transmitted or venereal disease in the past year
You have given or received money or drugs in exchange for sex in the past year
You had anal sex without a condom in the past year

Do any of these situations apply to you?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q11 – ONLY GET C14Q01<65

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 21: Firearms

C21Q01

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms kept in or around your home?

1. Yes
2. No – **SKIP TO M05Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO M05Q01**
9. REFUSED – **SKIP TO M05Q01**

C21Q02 – ONLY GET IF C21Q01=1

Are any of these firearms now loaded?

1. Yes
2. No – **SKIP TO M05Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO M05Q01**
9. REFUSED – **SKIP TO M05Q01**

C21Q03 – ONLY GET IF C21Q02=1

Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 5: Healthy Days (Symptoms)

Finally, I have just a few questions left about some other health topics.

M05Q01

The next few questions are about health related problems or symptoms.

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M05Q02

During the past 30 days, for about how many days have you felt sad, blue, or depressed?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M05Q03

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M05Q04

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

__ __ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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M05Q05

During the past 30 days, for about how many days have you felt very healthy and full of energy?

___ ___ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Module 12: Cardiovascular Disease

M12Q01A

To lower your risk of developing heart disease or stroke, are you....
Eating fewer high fat or high cholesterol foods?

- 1. Yes
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M12Q01B

(To lower your risk of developing heart disease or stroke, are you....)

Eating more fruits and vegetables?

- 1. Yes
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M12Q01C

(To lower your risk of developing heart disease or stroke, are you....)

More physically active?

- 1. Yes
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M12Q02A

Within the past 12 months, has a doctor, nurse, or other health professional told you to...

Eat fewer high fat or high cholesterol foods?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q02B

(Within the past 12 months, has a doctor, nurse, or other health professional told you to...)

Eat more fruits and vegetables?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q02C

(Within the past 12 months, has a doctor, nurse, or other health professional told you to...)

be more physically active?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q03A

Has a doctor, nurse or other health professional ever told you that you had any of the following?

A heart attack, also called a myocardial infarction.

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q03B

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

Angina or coronary heart disease.

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q03C

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A stroke

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q04 – ONLY GET IF M12Q03A=1

At what age did you have your first heart attack?

-- Code age in years **[10=AGE 10 OR LESS]**

07. DON'T KNOW/ NOT SURE
09. REFUSED

M12Q05 – ONLY GET IF M12Q03C=1

Document: South Carolina 2004 BRFSS Questionnaire

Saved: Nov 4, 2004

Project: SC2004Que01.doc

At what age did you have your first stroke?

-- Code age in years **[10=AGE 10 OR LESS]**

07. DON'T KNOW/ NOT SURE

09. REFUSED

M12Q06 – ONLY GET IF M12Q03A=1 OR M12Q03C=1

After you left the hospital following your **[fill in (heart attack) if "yes" to M12Q03a or to M12Q03a and M12Q03c; fill in (stroke) if "Yes" to M12Q03c and "No" to M12Q03a]**, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. Yes

2. No

7. DON'T KNOW/ NOT SURE

9. REFUSED

M12Q07 – ONLY GET IF C13Q01>34

Do you take aspirin daily or every other day?

1. Yes – **SKIP TO M12Q09A**

2. No

7. DON'T KNOW/ NOT SURE

9. REFUSED

M12Q08 – ONLY GET IF M12Q06>1

Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems.

1. Yes, not stomach related – **SKIP TO M15Q01**

2. Yes, stomach problems – **SKIP TO M15Q01**

3. No – **SKIP TO M15Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO M15Q01**

9. REFUSED– **SKIP TO M15Q01**

M12Q09A – ONLY GET IF M12Q07=1

Why do you take aspirin...

To relieve pain?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q09B – ONLY GET IF M12Q07=1

(Why do you take aspirin...)

To reduce the chance of a heart attack?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q09C – ONLY GET IF M12Q07=1

(Why do you take aspirin...)

To reduce the chance of a stroke?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 15: Smoking Cessation

M15Q01 – ONLY GET IF C07Q02=3

Previously you said you have smoked cigarettes:

About how long has it been since you last smoked cigarettes?

Read only if necessary

- 01. Within the past month (anytime less than 1 month ago)
- 02. Within the past 3 months (1 month but less than 3 months ago)
- 03. Within the past 6 months (3 months but less than 6 months ago)
- 04. Within the past year (6 months but less than 1 year ago)
- 05. Within the past 5 years (1 year but less than 5 years ago) – **SKIP TO M17Q01**
- 06. Within the past 10 years (5 years but less than 10 years ago) – **SKIP TO M17Q01**
- 07. 10 or more years ago – **SKIP TO M17Q01**

- 77. DON'T KNOW / NOT SURE – **SKIP TO M17Q01**
- 99. REFUSED – **SKIP TO M17Q01**

M15Q02 – ONLY GET IF C07Q02<3 OR M15Q01<05

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

__ __ Number of times **(0-76)**

- 88. None - **SKIP TO SC03Q01**
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M15Q03 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>88

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

__ __ Number of visits **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M15Q04 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>88

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (**Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on**)

__ __ Number of visits **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M15Q05 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>88

On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

__ __ Number of visits **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

State Added 3: Smoking Cessation

SC03Q01 – ONLY GET IF C07Q02<3

The next question refers to assistance to help a person to stop smoking.

In the past 12 months, have you called a help line or quit line to help you stop smoking?

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

Module 17: Arthritis Burden

M17Q01

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No - **SKIP TO M17Q04**
7. DON'T KNOW/ NOT SURE - **SKIP TO M17Q04**
9. REFUSED - **SKIP TO M17Q04**

M17Q02 – ONLY GET IF M17Q01=1

Did your joint symptoms **FIRST** begin more than 3 months ago?

1. Yes
2. No - **SKIP TO M17Q04**
7. DON'T KNOW/ NOT SURE - **SKIP TO M17Q04**
9. REFUSED - **SKIP TO M17Q04**

M17Q03 – ONLY GET IF M17Q02=1

Have you **EVER** seen a doctor or other health professional for these joint symptoms?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M17Q04

Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Document: South Carolina 2004 BRFSS Questionnaire
Saved: Nov 4, 2004

Project: SC2004Que01.doc

Interviewer note: Arthritis diagnoses include:

rheumatism, polymyalgia rheumatica
osteoarthritis (not osteoporosis)
tendonitis, bursitis, bunion, tennis elbow
carpal tunnel syndrome, tarsal tunnel syndrome
joint infection, Reiter's syndrome
ankylosing spondylitis; spondylosis
rotator cuff syndrome
connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's
granulomatosis, polyarteritis nodosa)

M17Q05 – ONLY GET IF M17Q02=1 OR M17Q04=1
--

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

M17Q06 – ONLY GET IF (M17Q02=1 OR M17Q04=1) AND C13Q01<65

In this next section we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

NOTE: If respondent says he\she is retired or out-of-work, reply: *"Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"*

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 18: Arthritis Management

M18Q01 - ONLY GET IF M17Q02=1 OR M17Q04=1

Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**?

Would you say...

1. I can do everything I would like to do
2. I can do most things I would like to do
3. I can do some things I would like to do
4. I can hardly do anything I would like to do

7. DON'T KNOW/ NOT SURE
9. REFUSED

M18Q02 – ONLY GET IF M17Q02=1 OR M17Q04=1

Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M18Q03 – ONLY GET IF M17Q02=1 OR M17Q04=1

Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M18Q04 – ONLY GET IF M17Q02=1 OR M17Q04=1

Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 20: Reactions to Race

Module 20 skipped November and December 2004

M20Q01

Earlier you told me your race. Now I will ask you some questions about reactions to your race.

How do *other people* usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native, or some other group?

01. White
02. Black or African American
03. Hispanic or Latino
04. Asian
05. Native Hawaiian or Other Pacific Islander
06. American Indian or Alaskan Native
07. DON'T KNOW/ NOT SURE
08. Some other group
09. REFUSED

M20Q02

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour or constantly?

1. Never
3. Once a year
4. Once a month
5. Once a week
6. Once a day
7. Once an hour

7. DON'T KNOW/ NOT SURE
8. Constantly
9. REFUSED

Interviewer note: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example: if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

M20Q03 – ONLY GET IF C13Q08 < 3 OR C13Q08 = 4

Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

READ ONLY IF NECESSARY

1. Worse than other races
2. The same as other races
3. Better than other races
4. Worse than some races, better than others
5. Only encountered people of the same race

7. DON'T KNOW/ NOT SURE
9. REFUSED

M20Q04

Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

1. Worse than other races
2. The same as other races
3. Better than other races
4. Worse than some races, better than others
5. Only encountered people of the same race
6. No health care in the past 12 months

7. DON'T KNOW/ NOT SURE
9. REFUSED

Interviewer Note: If the respondent indicates that they do not know about other people's experiences when seeking health care, say "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

M20Q05

Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

M20Q06

Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
8. REFUSED
- 9.

State Added 1: Physical Activity

SC01Q01 – ONLY GET IF C13Q08<3

When you are at work, which of the following best describes what you do?

If respondent has multiple jobs, include all jobs

Would you say...

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC01Q02

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do [**fill in** (when you are not working,) **if “employed” or self-employed**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1. Yes
2. No – **SKIP TO SC01Q05**
7. DON'T KNOW/ NOT SURE – **SKIP TO SC01Q05**
9. REFUSED – **SKIP TO SC01Q05**

SC01Q03 – ONLY GET IF SC01Q02=1

How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ __ Days per week

77. DON'T KNOW / NOT SURE - **SKIP TO SC01Q05**
88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME – **SKIP TO SC01Q05**
99. REFUSED - **SKIP TO SC01Q05**

SC01Q04 – ONLY GET IF SC01Q03<77

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ __ Hours and minutes per day

777. DON'T KNOW / NOT SURE
999. REFUSED

SC01Q05

Now, thinking about the vigorous physical activities you do [fill in (when you are not working) if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. Yes
2. No – **SKIP TO SC02Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO SC02Q01**
9. REFUSED – **SKIP TO SC02Q01**

SC01Q06 – ONLY GET IF SC01Q05=1

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ __ Days per week

77. DON'T KNOW / NOT SURE - **SKIP TO SC02Q01**
89. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME – **SKIP TO SC02Q01**
99. REFUSED - **SKIP TO SC02Q01**

SC01Q07 – ONLY GET IF SC01Q05=1 AND SC01Q06<77

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ __ Hours and minutes per day

777. DON'T KNOW / NOT SURE
999. REFUSED

State Added 2: Neighborhood

SC02Q01

I will be asking you some questions about the neighborhood in which you live. For the following questions neighborhood is defined as the area within one-half mile or a ten-minute walk from your house.

Does your neighborhood have any sidewalks?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q02

For walking at night, does your neighborhood have adequate street lighting?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q03

For physical activity, do you use any private or membership only recreation facilities?

1. Yes
2. No
3. MY NEIGHBORHOOD DOES NOT HAVE THESE FACILITIES.
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q04

I will be asking you some questions about the community in which you live. For the following questions, community is defined as the area within 5 miles or a 10-minute drive from your house.

Do you use walking trails, parks, playgrounds, or sports fields for physical activity?

1. Yes
2. No
3. MY COMMUNITY DOES NOT HAVE THESE FACILITIES
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q05

Do you use shopping malls for physical activity or walking programs?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

State Added 4: Sexual Assault/Physical Violence

SC04Q01

Now, I would like to ask you a few questions about physical violence between adults. By this I mean situations in which a person hits, slaps, pushes, or otherwise hurts or strikes another person. This includes fights between friends or family members, physical or sexual assaults, and being hit by objects or with weapons.

Within the past year, on any occasion were you hit, slapped, kicked, raped, or otherwise physically hurt by a spouse, partner, ex-spouse or partner, boyfriend, girlfriend or date?

1. Yes
2. No – **SKIP TO SC04Q03**
7. DON'T KNOW/ NOT SURE – **SKIP TO SC04Q03**
9. REFUSED – **SKIP TO SC04Q03**

SC04Q02 – ONLY GET IF SC04Q01=1
--

On the most recent occasion, where did the violence take place?

READ ONLY IF NECESSARY

- 11. Your home
- 12. Someone else's home
- 13. Restaurant, bar or tavern
- 14. At work
- 15. At school
- 16. Outside on the street
- 17. Some other place

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

SC04Q03

Another form of violence which affects a person's physical and mental health is sexual victimization. To help determine the extent of the problem in South Carolina, we would like to ask you about unwanted sexual experiences that you may have had either as an adult or as a child. These experiences may have involved strangers or someone you know, such as a friend, date, spouse or intimate partner, or relative.

We are asking these questions to gain more accurate information about this important issue, since most statistics underestimate the problem. We realize that this is a sensitive topic and people may feel uncomfortable with these questions. Please remember that you may refuse to answer any question and that your responses are strictly confidential.

Although this is a very sensitive issue, it is important that we are clear about the definition that we are using for sex in the following questions, since there are many different ways of defining it. When we refer to sex in the following questions, we mean any type of intercourse or penetration.

Interviewer Note: If the respondent asks for further clarification, we are including vaginal, anal, and oral sex, as well as the insertion of fingers or any other type of object into a person's vagina or anus.

If respondent asks for clarification, examples of other nonconsensual situations would include alcohol/drug intoxication, being passed out, being too young, etc.

Has anyone ever had sex with you against your will or without your consent? This would include situations where verbal threats, coercion, physical force, or a weapon was used or you were not able to give consent for some reason.

1. Yes – **SKIP TO SC04Q05**
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC04Q04 – ONLY GET IF SC04Q03=1

Has anyone ever attempted to have sex with you against your will or without your consent, but intercourse/penetration did not occur? Again, this would include situations where verbal threats, coercion, physical force, or a weapon was used, or you were not able to give consent for some reason.

1. Yes
2. No – **SKIP TO SC05Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO SC05Q01**
9. REFUSED – **SKIP TO SC05Q01**

SC04Q05 – ONLY GET IF SC04Q03=1 OR SC04Q04=1

In the past 12 months, has anyone had or attempted to have sex with you against your will or without your consent?

1. Yes
2. No – **SKIP TO SC05Q01**
7. DON'T KNOW/ NOT SURE – **SKIP TO SC05Q01**
9. REFUSED – **SKIP TO SC05Q01**

SC04Q06 – ONLY GET IF SC04Q05=1

The next question refers to the most recent time this happened to you during the past 12 months.

Did this most recent experience involve someone you know or a stranger?

1. Someone you know
2. A stranger
3. More than one person
7. DON'T KNOW/ NOT SURE
9. REFUSED

State Added 5: Epilepsy and Seizure

SC05Q01

The next questions are about epilepsy and seizure.

Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

1. Yes
2. No – **SKIP TO CLOSING**
7. DON'T KNOW/ NOT SURE – **SKIP TO CLOSING**
9. REFUSED – **SKIP TO CLOSING**

SC05Q02 – ONLY GET IF SC05Q01=1

Are you currently taking any medicine to control your seizure disorder or epilepsy?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC05Q03 – ONLY GET IF SC05Q01=1

How many seizures have you had in the last three months?

Interviewer's Probe: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch."

1. None
2. One
3. More than one
4. NO LONGER HAVE EPILEPSY OR SEIZURE DISORDER –**SKIP TO CLOSING**
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC05Q04 – ONLY GET IF SC05Q03<>4

In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC05Q05 – ONLY GET IF SC05Q03<>4

During the past 30 days, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say...

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely

7. DON'T KNOW/ NOT SURE
9. REFUSED

CLOSING

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.